

Bed Wetting Questions to Consider

- Is your child over the age of 5 and frequently having "accidents" in the middle of the night?
 - Was your child potty trained at a very young age?
 - Did you or your child's other parent have a bed wetting problem?
- Is your child experiencing an extremely stressful time in his or her life (like divorce death of a loved one going to a new school or the birth of a baby brother or sister)?

(If you answered "Yes" to these questions you may want to talk with your child's pediatrician.)

You are not alone

Nocturnal Enuresis (bed wetting) is a relatively common disorder fraught with emotional physical and social effects. By the age of three about 60% of children will be dry through the night. Most children who are still experiencing bed wetting at this point will be boys and about 85% of them will sleep dry by the age of five. Some of the remaining 15% will sleep dry some of the time but will experience periods of bed wetting even up into early adulthood (1% at age 18).

This may not be encouraging news to the concerned parent of one of the estimated six million children in the United States that are currently experiencing problems with bed wetting but there are several different ways that you can help your child.

Your child is not at fault

Bed wetting often occurs at a very important time in a child's life. At this time your child is probably trying to learn to make friends and is developing skills in social interaction. Your bed wetting child will probably feel insecure embarrassed and completely alone. It may be helpful at this time of your child's life to offer reassurance. Your child is not at fault. Because reassurance and support is so important to your child at this time of life it is extremely important that you deal with accidents with understanding and patience.

A Personal Story about Bed Wetting

This is the personal experience of "Jack" who wet his bed until his late teens.

"I wet the bed until I was about 16 or 17. It was pretty embarrassing. I didn't go out camping with friends when I was a kid I didn't go to summer camp with the others. When I was older I didn't even date. "I guess my mom was getting pretty desperate. She tried to be supportive but it was humiliating for her as well. Everyone in the family—even uncles and aunts that I never really saw--knew that I still wet the bed and would make little sly jokes about it from time to

time. She tried everything I think. Doctors psychologists hypnotists that bed wetting alarm thing you put underneath the sheets... nothing worked.

"I forget whether it was a psychologist doctor relative or what but someone suggested that my mom make me responsible for my own bed wetting. I think that idea appealed to Mom because she was probably getting tired of the dirty work. I had to change my own sheets run them through the washer the whole thing. If I didn't no one else would and I would have a wet bed to sleep in. It sounds pretty simple but when nothing else worked I stopped wetting the bed within a few months."

Emotional Impact on Child and Family

The major impact of a child's bed wetting problem on the child is shame. The child's family often faces an abundance of emotions ranging from frustration to outright anger. The embarrassment of having a child wet the bed can be so great that some parents will be hesitant to speak about it even to their pediatrician who may be able to provide help and suggestions about available treatment. Many parents will instead punish the child for wetting the bed often thinking this condition to be merely a matter of willpower and laziness and that punishment will make the child want to stop. About 35% of bed wetting children are punished; unfortunately this reaction frequently makes matters worse. Often punishment results in more bed wetting then parents inflict more punishment - leading to an escalating cycle of wetting accidents and shame.

Possible Causes

"Why me?" is a midnight cry familiar to many parents of bed wetting children. Unfortunately no one really knows for sure what causes this problem. Some experts believe that if the child is a rather deep sleeper then they will likely have difficulty waking when the bladder is full. Sometimes an illness such as a urinary tract infection or diabetes can result in bed wetting as can a weak underdeveloped or small bladder. Some professionals believe that if the child was potty trained before he or she was developmentally ready the probability of bed wetting increases dramatically. It has also long been believed that difficulties in dealing with distress will contribute to a child's bed wetting problem. Distress can come from many sources such as the separation from a parent death of a loved one arrival of a new baby in the family or changing to a new school.

Probably one of the most currently popular theories as to why children wet the bed is that they lack a certain hormone called vasopressin (also called anti-diuretic hormone or ADH). Vasopressin works to concentrate the urine so that it doesn't take up quite so much space in the bladder. The less space taken in the bladder the less likely it will over-spill and cause bed wetting. Sometime in the child's second or third year in life his or her vasopressin levels become more like that of an adult. However this doesn't happen in 40% of children!

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More support for the idea that a major cause of bed wetting is something physical comes from research that demonstrated that if both parents of a child wet the bed that child has a 77% chance of being a bed wetter too. If only one of the child's parents wet the bed the probability drops to about 44%. The idea that something physical causes bed wetting is the driving force behind many of the medical treatments available for bed wetting.

Does My Child Have Nocturnal Enuresis?

It's usually fairly easy to tell if your child has a bed wetting problem. If after six years of age your child wakes in the morning with wet sheets he or she likely has a bed wetting problem. A child with this disorder may go through "dry spells " but they never last very long and they're very unpredictable. For a child between the ages of three and six two bed wetting episodes in a given month are required to qualify for a diagnosis of Enuresis. If your child is older expect no more than one episode per month.

Some older children may attempt to hide the fact that they have a bed wetting problem. Usually a child will try to wake up before anyone else hide the wet sheets and replace them with clean ones. If you notice that your child "wakes" with different sheets than he/she went to sleep with does laundry frequently and/or at unusual hours (really early in the morning or very late at night) or seems to be rising consistently early without any obvious reason you may wish to look more closely at your child's sleeping habits. He or she may have a bed wetting problem.

- What Can Parents Do?

There are quite a few things that you can do to help your child with this problem. Probably the most important thing is to remain calm. Remember that 99% of bed wetting children outgrow it by age 18. In the meantime here are a few practical tips to ease the frustration.

- Explain to your child what is happening to him or her. Many children believe that something is wrong with them. Children who understand that they may have a medical problem will also understand that they are not to blame.
 - Protect the mattress with a heavy plastic cover.
- Put an extra pair of pajamas by the bed in case the child needs them during the night.
- Discontinue use of nighttime diapers by age four -- they tend to inhibit improvement because they effectively mask the feeling of wetness.
- Limit your child's drinking of liquids to three hours before getting into bed or only allow two ounces of liquid after 6:00 p.m.
 - Avoid foods and drinks that contain caffeine.
 - Make sure your child uses the toilet before going to bed.
 - If the child is constipated treat the constipation first. This sometimes helps.
- Offer rewards like stickers a favorite video or a trip to the ice cream truck for dry nights.
- Use a special moisture alarm system that wakes the child up when the accompanying pad gets wet. Such systems have a fairly high cure rate.

- If your child has never been dry at night since toilet training mention it at each regular pediatric check-up. The child may have a medical disorder such as diabetes or a urinary tract infection that causes bed wetting.
 - Do's and Don'ts

How we react to our children's problems is a very important part of helping them cope with their experiences. Since shame is such a frequent and harmful emotion in bed wetting it is important to avoid criticizing or belittling the child. Here are some "Do's and Don'ts" for coping with frustration while maintaining a positive attitude for your child.

- Do . . .
 - Educate yourself. Read as much as you can on nocturnal enuresis. The more you know the more comfortable you will feel with the situation.
 - Remain calm. Often easier said than done remaining calm is of primary importance to your child. If you feel that your frustration is getting the better of you and you may be losing control call someone for help.
 - Be supportive. Your child is probably experiencing a great deal of shame and self-ridicule during this time. It will help to reassure your child that you still love him or her.
 - Reward consistently. Dry nights and cleaning up after accidents are deeds worthy of being rewarded every time. Inconsistent rewarding often does not accomplish much.
 - Help the child feel secure. Offer thick underwear and/or pajamas for nighttime wear. (However as mentioned earlier the use of nighttime diapers is not recommended.) Thicker clothing may provide a greater sense of security and may aid in clean-up without losing the feeling of wetness needed for the child to develop a wake-up response.
 - Tell the doctor. Even though it may be embarrassing your pediatrician can be very reassuring and may have some helpful insights or treatments. Be open and honest with him or her!
 - Share experiences. Did you ever wet the bed or know someone who did and dealt successfully with the problem? It will help your child to hear this. Your child will not feel as alone in the problem and will feel better understood. You will also probably feel a lot better after sharing your experience with your child.
 - Try Every Treatment. No two kids are the same so no treatment will work for every child. Try each of them with your child until you find something that works!
- Don't . . .
 - Criticize. Because shame plays such a major role in bed wetting it is important not to add to the shame that already exists. Always react in a positive manner and so will your child.
 - Place Blame. Remember this is no one's fault -- not your child's and not yours!
 - Punish. Punishment damages the child's self-image and adds to the stress of bed wetting which in turn may cause more bed wetting.
 - Restrict Activity. Allow your child to participate in sleepovers and camping trips. But prepare them with their own sleeping bag and an extra pair of pajamas just in case. By allowing them to participate in these kinds of activities you demonstrate your confidence that they can achieve their goals and deal with minor set-backs.

Who and What Can Help?

Typically the child eventually outgrows bed wetting but waiting for this to happen can be quite frustrating. Psychologists and physicians can often help provide support advice and guidance throughout this difficult time. A behavioral health specialist may help to determine if any stressful situations in the child's life (even those that you may not know about) are contributing to the problem.

Behavioral interventions and exercises are also sometimes helpful. Techniques recommended by behavioral health practitioners and physicians include bladder control exercises that stretch and condition your child's bladder; these may help your child become more aware of bladder sensations such as the feeling of fullness and/or the urge to urinate. A technique called stream interruption involves stopping the urine flow midstream which strengthens bladder muscles. Learning to resist the immediate urge to urinate may help to increase the size of the bladder so that it does not need to be emptied as often. A physician may also help to determine whether or not allergies are contributing to a bed wetting problem.

Children who understand that bed wetting may be a medical problem will also understand that they are not to blame.

Moisture Alarms are generally useful and successful in treating bed wetting . They are relatively inexpensive (about \$40 to \$80) and have been demonstrated to help about 70% of bed wetting children. Moisture alarms may take several weeks or even months to work but they have a very good long-term success rate and lower relapse rates than medications. Of course a helpful and supportive family is also necessary!

A moisture alarm is basically a clip-on sensor in the pajamas or sheets. When the sensor gets wet an alarm sounds. This should wake the child who will then go to the bathroom to finish urination before returning to sleep. Eventually the child becomes conditioned to wake and go to the bathroom when he or she feels the need to urinate.

Hypnosis is sometimes effective in treating enuresis in some children. This option is usually less expensive and has fewer side effects than most medication; recent research suggests that many bed wetting children respond within four to six sessions. Hypnosis can give the child the power to treat him or herself so it can also help build the self-confidence and self-esteem that may have been lost through the bed wetting experience.

Support groups may be of help to the frustrated parent and ashamed child. Support groups can instill hope that there is light at the end of this tunnel and raise the level of awareness that you and your child are not alone. Links to many of these groups can be found online (e.g. the National Enuresis Society; see Links to Other Great Resources).

If all else fails medication is sometimes found to be helpful -- especially in older children. Imipramine is often prescribed; it is a powerful antidepressant that has also been found to be

effective for about 30% of bed wetting children. However it can have serious side effects and has not generally been shown to be effective over the long term.

Desmopressin acetate is another drug that is widely prescribed to treat nocturnal enuresis. This is an artificial version of vasopressin (the natural hormone that helps the body concentrate urine so it doesn't fill the bladder during the night). Side effects are not often reported with this drug but headaches runny nose pain in the nostrils and stuffiness are sometimes experienced. Many doctors will prescribe desmopressin acetate for about three months then gradually decrease use to see if the child stays dry during the night without it. Desmopressin is available as both a tablet and as a nasal spray.

When either imipramine or desmopressin acetate is withdrawn it is possible that bed wetting will resume. If that happens your doctor will probably ask you to start using it again and try to stop every few weeks to see if your child still needs it.

Treating bed wetting children with medication can become very expensive. Depending on dosage and drug type medication may cost between \$60 and \$120 per month. Some children may benefit from using medication when participating in sleepovers or summer camps.

Potential Resources

- Behavioral health professionals including psychologists social workers and counselors.
 - Your family doctor or pediatrician.
- National Kidney Foundation Information Center (1-800-622-9010). This is a nationwide referral service with health care professionals who have expressed an interest in helping children with enuresis.
 - School psychologists and school counselors.
 - Parent support groups.
- Non-profit organizations dedicated to helping children and parents deal with many problems including enuresis kidney disease and other aspects of children's health (see Links to Other Great Resources)
 - The National Enuresis Society (1-800-NES-8080).

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Related Articles - Bedwetting (Enuresis)

[Bedwetting](#)

Most children begin to stay dry at night around three years of age. When a child has a problem with bedwetting (enuresis) after that age, parents may become concerned.

[Problems with soiling and bowel control.](#)

Most children can control their bowels and are toilet trained by the time they are four years of age. Problems controlling bowel movements can cause soiling which leads to frustration and anger on part of the child, parents, teachers and other people important in the child's life. In addition, social difficulties with this problem can be severe -- the child is often made fun of by friends and avoided by adults. These problems can cause children to feel badly about themselves.

Advocacy Organizations - Bedwetting (Enuresis)

The National Enuresis Society (merged with National Kidney Foundation)

National Kidney Foundation
30 East 33rd St., Suite 1100
New York, NY 10016
Phone Number: (800) 622-9010 or (212) 889-2210
Fax: (212) 689-9261
<http://www.kidney.org/patients/bedwet.cfm>

The National Enuresis Society (NES) is a not-for-profit organization of doctors, medical personnel, and other persons dedicated to building greater awareness and understanding of enuresis. By creating this awareness and understanding, the NES hopes to help improve both the treatment of enuresis and the quality of life for children with enuresis and their families.

American Academy of Pediatrics

<http://www.aap.org/>

[Good resource for research and advocacy.](#)

Bedwetting (Enuresis) Related Web Links

Parents Place

<http://parentsplace.com/>

Great place to get support and /or ideas from other parents! Use a bulletin board or a chat room.

Positive Parenting

<http://www.positiveparenting.com/>

Positive Parenting is dedicated to providing resources and information to help make parenting more rewarding, effective and fun!

The National Parenting Center

<http://www.tnpc.com/>

A nationally recognized parenting information service dedicated to providing parents with advice from internationally renowned child rearing authorities.

Bedwetting (Enuresis) Related Books and References

[Getting to Dry : How to Help Your Child...](#)

by Maizels, Rosenbaum & Keating

The book describes a system for analyzing the wetting problem as the first step the author suggest a combination of behavioral therapy and other methods for each individual situation.

[No More Bedwetting : How to Help Your...](#)

by Arnold, S.J.

Good coverage of the various causes of bedwetting and what can be done to prevent it.

[Children Who Soil: Assessment and...](#)

by Buchanan, A. & Clayden, G.

This book reviews psychological and medical assessment and treatment to provide a holistic approach to managing this disorder.

[Sammy the Elephant and Mr. Camel : A...](#)

by Joyce, Mills, Crowley & Cook

Written for ages 4 to 8.

[Dry All Night : The Picture Book...](#)
by Mack & Wilensky (1990)

A great book for children. Excellent reviews and highly recommended by both parents and professionals.

[Clouds and Clocks : A Story for Children...](#)
by Galvin, M. (1991)

A useful aid to use when opening discussions with a child whom suffers from encopresis. It addresses problems of feeling alone and common fears shared by children who are suffering with this problem.

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